



2020-2021 Video Contest Consent and Release Form

Full Name: _____

Email Address: _____

Phone Number: _____

Name of Video: _____

School or Youth Group: _____

Teacher/Adult Advisor: _____

I hereby consent to the use of my likeness and/or voice by the Choose Respect Initiative, under the Montgomery County Domestic Violence Coordinating Council and its assigns, for all purposes of education, instruction, or public information, on the Montgomery County Domestic Violence Coordinating Council's website, social media platforms and YouTube Channel and the Montgomery County Public School's (MCPS) web site, and the MCPS YouTube site. The use of this content is for educational purposes only.

I am of legal age* and competent to execute this consent and release, which I have read and fully understand.

Print Name: _____

Date: _____

Signature: _____

Date of Birth: _____

*** If you are under age 18:**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian phone or email address: _____

*Choose Respect Montgomery is an initiative through the
Montgomery County Domestic Violence Coordinating Council.*